



Application No. (if known): 09/863,803

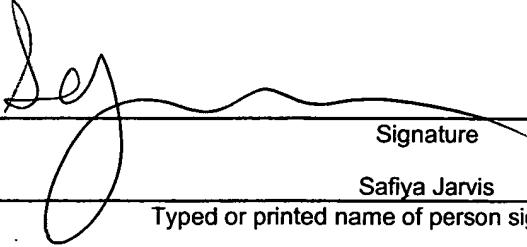
Attorney Docket No.: 55591(71699)

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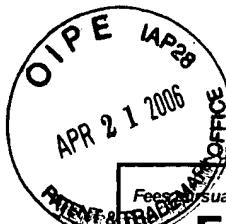
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Fee Transmittal Letter (1 page)

Request for Continued Examination Transmittal (1 page)

Charge \$905.00 to deposit account 04-1105

Return Receipt Postcard



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Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 905.00)

Complete if Known

Application Number	09/863,803-Conf. #8907
Filing Date	May 22, 2001
First Named Inventor	Jeffrey J. Rade
Examiner Name	Q. J. Li
Art Unit	1632
Attorney Docket No.	55591(71699)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: The Johns Hopkins University

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25
 Each independent claim over 3 (including Reissues) 200 100
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)
- 20 =	x	=			

HP = highest numer of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)
- 3 =	x	=			

HP = highest numer of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00
 2801 Request for continued examination (RCE) (see 37 ... 395.00)

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	50,373	Telephone (617) 439-4444
Name (Print/Type)	Stephana E. Patton	Date	April 19, 2006	